

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/937317 FILING DATE 14 NOV 2001  
APPLICANT(S) *Hallonen*

CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1		/					51		
2			/				52		
3			/				53		
4			/				54		
5			/				55		
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7			/				57		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			/				TOTAL IND.		
TOTAL DEP.			9				TOTAL DEP.		
TOTAL CLAIMS			10				TOTAL CLAIMS		